

**CHILD AND ADULT CARE FOOD PROGRAM MANAGEMENT PLAN  
SPONSORING ORGANIZATIONS OF CHILD CARE HOMES  
Fiscal Year 2008**

Instructions: Complete and sign the management plan. Attach required supporting documentation. Place in Permanent File folder any documents that annually remain constant. Return signed hard copy to the State Agency with applicable attachments and retain one copy for your files.

**Name of Applicant Sponsoring Organization:**

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**CTD #:**                    -                    -                    

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**PART I: FINANCIAL VIABILITY**

**A.      Description of Need/Recruitment**

List the number of active providers you have in each county of your service area.

	County		Number of Providers by County
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

1. If applicable, justify the reason for expanding into a new area or an area currently being served by existing sponsoring organizations:
2. Describe how the organization proposes to deliver services to providers residing in counties not adjacent to the county of the Sponsor Organization's home office.
3. Attach a copy of the organization's outreach and recruitment policies and procedures.
4. Does the organization utilize incentives to recruit new providers? If yes, please describe.
5. How are these costs met?

This institution is an equal opportunity provider and employer.

6. List position/s responsible for recruitment:
7. List the goals for enrollment of new homes during the year. Include the location/area that you will target.
8. Were last year's goals for recruiting and enrolling new homes met? Please specify.

**B. Fiscal Resources and Financial History**

Fiscal Resources and Financial History: 7 CFR 226.6 (b)(18)(B) An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the institution, and can document financial viability.

1. **Financial Statements:** All organizations must demonstrate financial viability by providing prepared statements such as a current balance sheet indicating all assets and liabilities, current audit or other documents prepared by a bookkeeper or accountant indicating the financial standing of the organization. Please submit current balance sheet and applicable audit.
2. Describe any non-CACFP services provided by the organization (i.e., child care referrals, non-CACFP related training, consulting, advocacy, etc.).
3. How are these costs covered? (**You may not use CACFP funds for any non-CACFP services**).
4. On the Supplemental Page **Part I B (Fiscal Resources)**, list the total revenue of the organization broken down by source, frequency, type (earned income, grants, donations) function or purpose, and amount. Also indicate whether the level, function or nature of the funding is expected to change in the upcoming fiscal year. If so, describe what impact this will have on the organization.
5. List all other resources available to the organization including human resources, fixed assets, professional services and consultants.
6. Sponsoring organizations are occasionally required to return administrative and/or meal over-claims to the State Agency. Describe in detail the organization's plan for repayment of fiscal over-claims, should this action occur.
7. Is the organization in compliance with State bonding requirements?

8. Please attach a copy of the IRS Form 990 or 990EZ from the prior year.

**C. Administrative Budget:**

*Complete the forms in the budget packet (provided separately).*

**Part II: ORGANIZATIONAL CAPABILITY**

**A. Organizational Mission and Structure**

1. Attach a current organizational chart of the sponsoring organization.
2. Does the organization operate a USDA Child Nutrition Program in any other state(s)? If yes, specify.
3. Attach a copy of the organization's by-laws.

**B. CACFP Staffing Plan**

1. Does this organization have job descriptions and qualifications of all CACFP staff on file?
2. How will the organization provide for the annual training and professional development needs of current program staff?
3. Address how staffing needs will be adapted and met if the organization anticipates increasing or decreasing the number of participating providers during the fiscal year.
4. Attach a copy of your agency's working hours guidelines. These guidelines must include that the agency must be staffed and appropriately supervised during standard business hours. Staffing during these hours should provide for competent and timely service response to the public. Supervisory personnel at the director level and higher should have a work schedule that extends to at least 5:00 p.m. daily. Include your agency's outside employment policy.
5. Attach a copy of your agency's staffing plan for any full-time employee working non-traditional hours (anything other than 8:00 a.m. to 5:00 p.m.) as a result of outside employment, school or other responsibilities. Provide a copy of your policy and procedures for secondary employment, volunteer hours, school, etc.
6. Attachment ***Part II B (Staffing Plan)***, providing a CACFP schedule for all employees with secondary employment, school, volunteer hours, etc.

**Part III: INTERNAL CONTROLS**

*7 CFR 226.6 (b)(18) The new or renewing institution must be administratively capable. Appropriate and effective management practices must be in effect to ensure that the Program operates in accordance with this part.*

**A. Governing Boards**

1. On the Supplemental Page ***Part III A (Governing Boards)***, list board member names, title, area of expertise brought to the board, mailing address, phone number, date of birth and familial relationship to other board members and to staff members.
2. Attach a copy of the organization's governing board policies and procedures.
3. Attach copies of the minutes of the last two meetings of the organization's governing board.

**B. Fiscal Accountability**

*7 CFR 226.6 (b)(18) The new or renewing institution must have internal controls and other management systems in effect to ensure fiscal accountability and to ensure that the program operates in accordance with the requirements of this part.*

1. Does the organization use a paper ledger or accounting software?
2. If the organization uses accounting software, please specify the program.
3. What back-up system does the organization use in the event that the accounting system is not available (theft, property damage, system failure, etc.)?
4. What type of accounting system does the organization use: cash, accrual or modified accrual system?
5. If the organization employs an accrual or a modified accrual system, how do you make year-end adjustments?
6. How many bank accounts will the organization use for CACFP monies? Please describe.
7. How will the organization track provider meal reimbursements separately from administrative funds?
8. How will the organization track CACFP funds separately from other organizational funds?
9. Describe how the organization manages administrative advance funds to ensure they will be returned to the State Agency at the close of a fiscal year, as well as upon voluntary or involuntary program closure.

10. Describe how the organization would operate if advance funds were no longer available.
11. List all partnerships you currently have in the community.
12. Describe or attach a copy of the organization's policies and procedures for financial management that includes:
  - Purchasing, requisition and the bid process;
  - Income and expense accounting;
  - Processing invoices, including payments from petty cash; and
  - Payment authorization procedures, including approval of CACFP expenditures and persons authorized approve expenditures.
13. Describe or attach a copy of the organization's procedures for maintaining inventory and disposing of old and/or depreciating equipment over \$5,000.
14. Describe or attach a copy of the organization's system for regularly tracking and comparing actual costs and administrative earnings with the approved budget. Include frequency of conducting tracking and comparisons.
15. Describe or attach a copy of the organization's procedure for compiling administrative costs and reporting this information to the State Agency on the monthly reimbursement claim form.
16. Describe the process used to amend the organization's administrative CACFP budget. The process must consider year-to-date expenditures, anticipated expenses and anticipated revenue sources.
17. What internal controls exist to regulate this process?
18. How does the organization verify meal counts?
19. How do you inform a participating provider of reason(s) for meal disallowances?
20. How and when are menus reviewed for compliance?

21. How does the organization verify the eligibility of homes, participants, meal service times and meal types before claims are processed for payment?
22. Describe procedures for disbursing accurate payments to homes within regulatory time frames.
23. What edit checks are in place to ensure the accuracy of the organization's claims to the State Agency?

## C. Operations

### Training Plan

*Provider Training Plan for Current Fiscal Year:*

1. Attach a copy of the organization's policy regarding providing notification to the department with changes in training dates, topics, and locations.
2. Attach a copy of the organization's policy and procedure that addresses the notification process when providers are out of the home during time of care.
3. On the Supplemental Page **Part III C (Provider Training)**, record the **proposed** topic, dates and location for each training session. Include proposed presenters, targeted attendees, training goals and objectives.
4. Provide a description of this organization's system for scheduling, conducting and documenting provider training on CACFP regulations. **(The organization must provide one 2-hour training to all participating home child care providers at least once a year).**
5. If a provider(s) does not attend group training, describe how the organization will ensure his/her training requirement is met?
6. What are the consequences for providers who do not attend required training sessions?
7. How will CACFP training, technical assistance and materials be provided to participants who do not speak English?
8. Are all program forms available in understandable/alternate languages for all providers who do not speak English or have limited English skills?

☐ Yes      ☐ No

(if no, please give justification for not making these forms available)

9. Describe the organization's plan for training new providers prior to program approval.

***CACFP Staff Training Plan for Current Fiscal Year:***

1. On the Supplemental Page ***Part III C (Staff Training)***, record the topics, dates and persons responsible for the training sessions. Include staff assigned to attend with training goals and objectives.
2. Attach a copy of the organization's procedure for training new staff. Please address how this organization ensures the staff is sufficiently trained in CACFP policies and procedures.
3. Describe the CACFP materials provided to new staff.
4. How are program changes and new or revised CACFP policies and procedures communicated to all staff?
5. Attach a copy of the organization's staff performance appraisal methods for all staff (including directors).
6. How often are all staff members evaluated on job performance?
7. Describe how staff appraisals are used to determine the need for continued training of all existing staff.
8. Describe the organization's policy for assuming costs associated with educational classes awarding college credit or CEU's.

**Monitoring**

1. On the Supplemental Page ***Part III C (Monitoring)***, specify the number of monitors that cover each geographical area and their names.
2. How is each monitor's area determined?
3. Attach a copy of the organization's policy that addresses how this agency assures monitoring assignments are no less than 123 homes per FTE and cap at 150 homes per FTE.
4. Attach a copy of the organization's policy for conducting announced, unannounced and follow-up visits. Include:
  - a) How visits are scheduled, tracked and documented to ensure regulatory time frame requirements are met;

- b) How the organization ensures monitoring visits are conducted during high claim meal times as well as evening, weekend and holiday meals.
  - c) How the organization will conduct visits for identified block claiming issues.
  - d) How organization conducts follows up on identified serious deficiencies.
  - e) How organization will conduct required visits if the organization elects to average visits.
- 5. Attach a copy of the organization's procedures for quality assurance and oversight of its monitoring functions (e.g., team monitoring, caseload rotation, etc.).
- 6. Attach a copy of the organization's monitoring form used.
- 7. Attach a copy of the organization's meal disallowance policy.
- 8. Describe this organization's system for tracking meal disallowances based on findings made during monitoring visits. Include how the organization communicates over-claim information to the providers and how the over-claim is recorded in the claims processing system.
- 9. Attach a copy of the organization's corrective action policy for those providers found out of compliance. Include:
  - a) How the organization develops and implements corrective action plans,
  - b) How the corrective actions plans are evaluated for completion and effectiveness
- 10. Attach a copy of the organization's policy for those providers found to be seriously deficient. Include:
  - a) Timelines identified for corrective action
  - b) Tracking system
  - c) State notification
- 11. Attach a copy of the organization's policy for notifying the appropriate State Agency when a provider's certification or licensure requirements are found to be out of compliance or a child is in imminent danger. Attach a copy of the organization's policy and procedure for provider suspension.
- 12. Attach a copy of the organization's policy for enforcement when a provider is determined out of compliance with Alternate Approval requirements.

## **Record Keeping**

- 1. Describe how the organization ensures each provider maintains the following records:
  - Signed copy of the Sponsor-Provider Agreement;
  - Copy of all enrollment forms;
  - Daily attendance with arrival and departure times;



- Daily menus noting the components served to children;
  - Daily meal counts.
2. Attach a copy of the organization's policy that describes how providers notify the sponsoring organization regarding enrollment changes or in the providers' licensing or approval status. Include timeframes in which providers must furnish this information.
  3. Attach a copy of the organization's system for retention of required records. **Records must be maintained for a minimum of five years.**
  4. Where are these records stored, and who in the organization is responsible for maintaining these records?
  5. How does the organization ensure confidentiality of participant and provider income eligibility records?

#### **Part IV: APPEALS**

1. List all members of your appeal board.
2. Attach a copy of the organization's appeal procedures.

#### **Part V: ELIGIBILITY PROCEDURES AND CONFIDENTIAL INCOME STATEMENTS**

1. Attach a copy of the organization's detailed procedure for making tiering determinations based on school, census or income eligibility data. Include: a) How the organization will verify and maintain documentation of the tiering determination; b) Expected time frames; c) How the organization will notify providers of their status; and d) How the organization will follow up on providers who receive temporary Tier I eligibility (45 days when no income is reported).
2. Who in the organization is responsible for making Tier I and Tier II determinations? Include title/position.
3. Who will oversee/supervise and verify this process? Include title/position.
4. Describe or attach a copy of the organization's procedure for informing Tier II providers of their options for reimbursement. Include time frames for notification and documentation of providers' elections.
5. For Tier II home child care providers who request it, describe or attach a copy of the procedure for distributing to participants' families, collecting, reviewing and approving

income eligibility statements. Include time frames and title(s)/position(s) of the staff person(s) who make eligibility determinations.

6. Attach a copy of the organization's procedure for following up on incomplete or incorrect income eligibility statements.
7. Attach a copy of the organization's procedure for informing Tier II providers of the number of income eligible children enrolled and for ensuring the confidentiality of these children.
8. Attach a copy of the organization's procedure for collecting, reviewing and approving income eligibility statements for Tier I area providers applying to claim reimbursement for their own children. Include time frames for collection and approval of income eligibility statements.

## **Child and Adult Care Food Program**

### **Certification Statement**

1. The organization certifies it is in compliance with all applicable federal and state rules and regulations regarding governing boards of corporations.
2. The organization certifies none of its CACFP employees have been convicted of a felony.
3. The organization certifies none of its CACFP employees or board members have been associated with any organization terminated for failure to correct serious deficiencies, notices of serious deficiency as prepared by a State Agency, and/or National Listing of Seriously Deficient Organizations.
4. The organization certifies it has never been terminated from any other publicly funded program.
5. The organization understands the submission of false information, or a refusal to submit required program information, to the State Agency is grounds for termination or denial from the CACFP as described in 7 CFR 226.6(c)2.
6. The organization understands any deliberate misrepresentation of CACFP records will subject the organization to prosecution under applicable State and Federal Criminal statutes.
7. The organization hereby certifies that the Sponsor will abide by this Management Plan and all applicable State and Federal regulations and policies will be observed. The organization understands this information is being given in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may subject the agents of the organization to prosecution under applicable State and Federal statutes.

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Print name of Organization Director	Signature of Organization Director	Date
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Print name of Board President	Signature of Board President	Date
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CACFP Child Care Homes  
Management Plan Supplemental Information Checklist

Permanent file	Enclosed	I: Financial Viability
		<b>A. Description of Need/Recruitment</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. Copy of the organization's outreach and recruitment policies and procedures.
		<b>B. Fiscal Resources and Financial History</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Submit current balance sheet and applicable audit.
<input type="checkbox"/>	<input type="checkbox"/>	4. Attachment Part I B (Fiscal Resources).
<input type="checkbox"/>	<input type="checkbox"/>	8. Copy of IRS Form 990 or 990EZ from prior year.
		<b>C. Administrative Budget</b>
<input type="checkbox"/>	<input type="checkbox"/>	Budget Package (provided separately).
		<b>II: Organizational Capability</b>
		<b>A. Organizational Mission and Structure</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Copy of the organizational chart(s) as applicable.
<input type="checkbox"/>	<input type="checkbox"/>	3. Copy of the organization's by-laws.
		<b>B. CACFP Staffing Plan</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Job descriptions and qualifications of CACFP staff.
<input type="checkbox"/>	<input type="checkbox"/>	4. Working hours guideline.
<input type="checkbox"/>	<input type="checkbox"/>	5. Policy and procedures for secondary employment, school, etc.
<input type="checkbox"/>	<input type="checkbox"/>	6. Attachment Part II B (Staffing Plan) schedule for employees with secondary employment, school, etc.
		<b>III: Internal Controls</b>
		<b>A. Governing Board</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Supplemental Page - Part III A (Governing Boards) <i>including a list of dates for scheduled board meetings</i> for the upcoming year.
<input type="checkbox"/>	<input type="checkbox"/>	2. Copy of the organization's governing board policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	3. Copies of the minutes from the last <b>two</b> meetings.
		<b>B. Fiscal Accountability</b>
<input type="checkbox"/>	<input type="checkbox"/>	12. Policies and procedures for financial management.
<input type="checkbox"/>	<input type="checkbox"/>	13. Procedures for maintaining inventory, disposing of old equipment and/or depreciating equipment over \$5000.
<input type="checkbox"/>	<input type="checkbox"/>	14. Procedures for tracking and comparing actual costs and administrative earnings with the approved budget.
<input type="checkbox"/>	<input type="checkbox"/>	15. Procedures for compiling administrative costs and reporting this information to the State Agency on the monthly reimbursement claim form.
		<b>C. Operations</b>
		<b>Training Plan</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. Supplemental Page – Part III C (Provider Training).
		<b>Staff Training Plan</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Supplemental Page – Part III C (Staff Training).
<input type="checkbox"/>	<input type="checkbox"/>	2. Copy of procedure for training new staff.

<input type="checkbox"/>	<input type="checkbox"/>	5. Copy of staff performance appraisal methods.
<b><u>Monitoring</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Supplemental Page – Part III C (Monitoring).
<input type="checkbox"/>	<input type="checkbox"/>	4. Copy of the procedure for conducting announced, unannounced and follow-up visits.
<input type="checkbox"/>	<input type="checkbox"/>	5. Copy of organization's procedures for quality assurance of monitoring functions.
<input type="checkbox"/>	<input type="checkbox"/>	6. Copy of the monitoring form used.
<input type="checkbox"/>	<input type="checkbox"/>	7. Copy of the meal disallowance policy.
<input type="checkbox"/>	<input type="checkbox"/>	9. Copy of the corrective action policy for those providers found out of compliance.
<input type="checkbox"/>	<input type="checkbox"/>	10. Copy of the policy for those providers found to be seriously deficient.
<input type="checkbox"/>	<input type="checkbox"/>	11. Copy of policy for notifying State Agency when provider's certification or licensure requirements are found to be out of compliance or a child is in imminent danger. Attach policy and procedure for provider suspension.
<input type="checkbox"/>	<input type="checkbox"/>	12. Copy of policy for enforcement when provider is out of compliance with Alternate Approval requirements.
<b><u>Record Keeping</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	3. Copy of the system for retention of required records.
<b><u>IV. Appeals</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	2. Copy of Appeals Procedures.
<b><u>V. Eligibility Procedures and Confidential Income Statements</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	1. Copy of procedures for making tiering determinations based on school, census or income eligibility data.
<input type="checkbox"/>	<input type="checkbox"/>	4. Procedure for informing Tier II providers of their options for reimbursement.
<input type="checkbox"/>	<input type="checkbox"/>	5. Copy of the procedure for distributing, collecting, reviewing and approving Confidential Income Statements to participants' families for Tier II day care home providers.
<input type="checkbox"/>	<input type="checkbox"/>	6. Copy of the procedure for following up on incomplete or incorrect Confidential Income Statements.
<input type="checkbox"/>	<input type="checkbox"/>	7. Copy of the procedure for informing Tier II providers of the number of income eligible children enrolled and for ensuring the confidentiality of these children.
<input type="checkbox"/>	<input type="checkbox"/>	8. Copy the procedure for collecting, reviewing and approving Confidential Income Statements for Tier I area providers applying to claim reimbursement for their <b>own</b> children.

***Supplemental Page - Part I B (Fiscal Resources)***

<b>Source</b>	<b>Frequency</b>	<b>Type</b>	<b>Purpose</b>	<b>Amount</b>	<b>Anticipated Changes in FY2008? If yes, describe impact.</b>

*Supplemental Page - Part II B (Staffing Plan)*

Employee	Date	Scheduled Work Shift		

*Supplemental Page - Part III A (Governing Board Members and Board Meeting Dates)*

Name of Board Member and Title	Area of Expertise	Mailing Address & Phone Number	DOB	Relationship
<b>Dates of FY2008 Board Meetings</b>				



*Supplemental Page - Part III C – (Provider Training)*

Topic/Curriculum	Dates	Location	Presenters	Attendees

**Supplemental Page - Part III C I – (Staff Training)**

[illegible]

*Supplemental Page - Part III C - (Monitoring)*

Geographical Area Covered	Number of Monitors	Names of Monitors